Response to 2025 Grand Jury Reports

County Executive Office

"Fatal Head Injury at the Northern Branch Jail"

"Another Suicide in the Santa Barbara County Jail"

"Preventable Death at the Northern Branch Jail"

one COUNTY one FUTURE

Summary

- On June 24, 2025, the 2024-25 Santa Barbara County Grand Jury distributed three reports regarding three custody-related deaths that occurred between September 2024 and March 2025.
- Together, the reports list 13 findings and 24 recommendations.
  - 13 findings and 21 recommendations were addressed to the Board.
  - 13 findings and 18 recommendations were addressed to the Sheriff's Office.
- The Board of Supervisors is required to respond to the Grand Jury reports' findings and recommendations within 90 days of the reports' distribution.
- The proposed responses are contained in Attachments A through C of the Board materials. This report provides a summary of responses to the Grand Jury's recommendations.

"Fatal Head Injury at the Northern Branch Jail: A Custody-Related Death Investigation"

Findings 1-3; Recommendations 1a, 1b, 2a, 2b, 3b

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Overview

- The Grand Jury reviewed the death of incarcerated individual "AAO."
- The report found that AAO experienced a traumatic head injury following a seizure while in custody at the Northern Branch Jail, and he was pronounced deceased at the hospital 19 days later, on September 17, 2024.
- The Grand Jury suggested the seizure was caused by alcohol withdrawal, but acknowledged that the cause of the seizure is unknown.
- The report focused on the intake screening process and information available in the electronic health record, which the report suggested impacted medical staff's decisions about AAO's health needs upon booking.

Responsive Summary

- The Grand Jury acknowledged important steps taken by the County to oversee Wellpath's contractual compliance, as well as the jails' adherence to national care standards.
- All recommendations by the Grand Jury have already or will be implemented. The County has continued to make enhancements to jail system oversight and processes:
  - Systematic audits of inmate charts in the electronic health record
  - Contractual liquidated damages for failure to meet performance requirements in service level agreements, including as to master problem lists, which summarize patient diagnoses
  - Adherence to updated Department of Justice guidelines regarding withdrawal monitoring and treatment protocols
  - Automatic data sharing between Sheriff's jail management system and Wellpath's jail electronic health record for health-related alerts will be implemented by January 1, 2026, per Sheriff's response to Grand Jury

"Another Suicide in the Santa Barbara County Jail: Inmate's Death Should Have Been Prevented"

Findings 1-7; Recommendations 1a-1d, 2, 3a, 3b, 4, 5a, 5b, 6a, 6b, 7a, 7b

one COUNTY one FUTURE

Overview

- The Grand Jury reviewed the death of incarcerated individual "CC," which occurred on November 13, 2024 at the Main Jail.

- The report focused on the events leading to CC's placement into a cell with a telephone, where she was later found deceased by suicide.

Responsive Summary

- Almost all recommendations by the Grand Jury have already or will be implemented. The County has continued to make enhancements to jail system staffing, oversight, and processes:
  - Created County Health's Correctional Healthcare Team to monitor healthcare services
  - Enhanced monitoring by County Health and Behavioral Wellness (BWell)
  - Enhanced Wellpath staffing by approximately 34%
  - Included contractual liquidated damages for failing to meet performance measures
  - Removed phone cords from all holding cells that could potentially be used for mental health observation
  - Formalized, implemented, and refined a specific suicide watch step-down procedure for custody staff
  - Revised Wellpath policy to include requesting healthcare records from outside providers when clinically indicated
  - Expanded data sharing of health information between Wellpath and BWell
  - Conducting additional training, education and process improvements for appropriate sharing of personal health information within a correctional setting
  - Upgrading the electronic health record to share information among County departments and providers

"Preventable Death at the Northern Branch Jail: A Death-in-Custody Investigation"

Findings 1-3; Recommendations 3a, 3b

one COUNTY one FUTURE

Overview

- The Grand Jury reviewed the death of incarcerated individual "CF," which occurred on March 24, 2025 at the Northern Branch Jail.

- The report states that the autopsy report concluded CF died due to peritonitis (infection in the abdominal cavity) caused by a perforated gastric ulcer.

- The report focused on the medical care provided to CF in the time preceding her death.

Responsive Summary

- All recommendations made by the Grand Jury have been implemented. The County has continued to make enhancements to jail system oversight and processes:
  - County mandates timely and appropriate access to care through existing contractual requirements of Wellpath.
  - County and Wellpath collaborated to create a joint mortality review inclusive of root cause analysis, findings, and measurable corrective action plans.
  - County and Wellpath expanded and enhanced the mortality review to increase information sharing and strengthen coordination.
  - County Health and BWell actively participate in all mortality reviews and conduct independent review.
  - County Health performs quarterly audits including corrective action plans stemming from mortality reviews.

Recommended Actions

a) Consider and adopt the Board of Supervisors' responses to the 2024-25 Grand Jury reports entitled "Fatal Head Injury at the Northern Branch Jail: A Custody-Related Death Investigation" (Attachment A), "Another Suicide in Santa Barbara County Jail: Inmate's Death Should Have Been Prevented" (Attachment B) and "Preventable Death at the Northern Branch Jail: A Death-in-Custody Investigation" (Attachment C);

b) Authorize the Chair to sign the letters included in Attachment A, Attachment B, and Attachment C, and forward the letters and responses to the Presiding Judge of Santa Barbara Superior Court; and

c) Determine pursuant to CEQA Guidelines 15378(b)(5) that the above actions are not a project subject to CEQA review, because they are government administrative activities that do not result in direct or indirect physical changes to the environment.